



**PATENT**

Attorney Docket No.: A-62629/RFT/RMS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: ) Examiner: D. Jones  
Kayyem et al. ) Group Art Unit: 1211  
Serial No. 08/541,191 )  
Filed: October 11, 1995 )  
For: CELL-SPECIFIC GENE )  
DELIVERY VEHICLES )

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence, including listed enclosures, is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to Assistant Commissioner of Patents, Washington, DC 20231 on 10 November 1997.

Signed:

Glory L. Tabuena

## AMENDMENT

Assistant Commissioner of Patents  
Washington, DC 20231

Sir:

This amendment is in response to the Office Action dated July 7, 1997 (Paper No. 9). The amendment is accompanied by a petition for a one month extension and the required fee, making this a timely response.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

KAYYEM, et al.

Serial No. 08/541,191

Filed: October 11, 1995

For: CELL-SPECIFIC GENE DELIVERY VEHICLES



) Group Art Unit: 1211

) Examiner: D. Jones

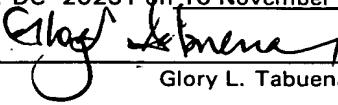
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Signed: 

Glory L. Tabuena

Assistant Commissioner for Patents  
BOX AF  
Washington, DC 20231

Sir:

Transmitted herewith is an amendment in the above-entitled application.

The fee has been calculated as shown below.

	(Col. 1) Claims Remaining After Amendment	(Col.2) Minus	(Col. 3) Highest Previously Paid for	(Col. 4) Present Extra	SMALL ENTITY	OTHER THAN SMALL ENTITY		
					RATE	FEES	RATE	FEES
TOTAL CLAIMS	* 24	—	** 24	0	x 11 =	\$0	x 22 =	\$0
INDEP CLAIMS	* 4	—	4	0	x 41 =	\$0	x 82 =	\$0
[ ] Multiple Dependent Claim Presented and Fee Not Previously Paid					+135 =	\$0	+270 =	\$0
*If the entry in Col. 1 is less than the entry in Col. 3, type "0" in Col. 4. **If the "Highest Number Previously Paid For" in this space is less than 20, type "20" in this space.					TOTAL	\$0	TOTAL	\$0

No additional fee is required.

Our Check No. \_\_\_\_\_ in the amount of \$\_\_\_\_\_ is enclosed.

Please charge any additional fees, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. A-62629/RFT/RMS). A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Robin M. Silva

Registration No. 38,304

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File No. A-62629/RFT/RMS